

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6319</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John Bulgaro</u> P.O. Box, Bldg., Room No., if any _____ Street <u>890 Third street</u> City <u>Albany</u> State <u>NY</u> ZIP Code + 4 <u>12206</u>	3. Name, file number, and address of labor organization. Name <u>Teamsters L294, Intl Bhd of Tmsts</u> Labor Organization File Number <u>042-415</u> P.O. Box, Building and Room Number, if any _____ Street <u>890 Third Street</u> City <u>Albany</u> State <u>NY</u> ZIP Code + 4 <u>12206</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>John Bulgaro</u>	On <u>8/9/05</u> <u>518 4895436</u> Date Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Local 294 Health and Welfare Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>19 Aviation Road</u></p> <p>City <u>Albany</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>12205</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Local 294 Health and Welfare Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>19 Aviation Road</u></p> <p>City <u>Albany</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>12205</u></p>	<p>11.a. Nature of such dealing. Travel, conference, meals, and meeting expenses incurred as trustee of the fund.</p>
	<p>11.b. Approximate dollar value of such dealing. <u>1,199</u></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>J & W Seligman & Co.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>100 Park Avenue</u></p> <p>City <u>New York</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10017</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>NYS Teamsters Council Health & Hos Pd</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 4928</u></p> <p>Street _____</p> <p>City <u>Syracuse</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>13221</u></p>	<p>11.a. Nature of such dealing. <u>Expenses incurred for business lunches as trustee of the NYS Teamsters Council Health and Hospital Fund.</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>345</u></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. _____</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Prudential Investment Management</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>2 Gateway Center 4th Floor</u></p> <p>City <u>Newark</u></p> <p>State <u>NJ</u> ZIP Code + 4 <u>07102</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>NYS Teamsters Council Hlth & Hosp Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>Po Box 4928</u></p> <p>Street _____</p> <p>City <u>Syracuse</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>13221</u></p>	<p>11.a. Nature of such dealing. <u>Dinner meeting for Hoffa Scholarship Fund Golf Tournament.</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>91</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
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<p>13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. _____</p>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Faraci Lange</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>Greece Office</u></p> <p>Street <u>2300 Ridge Road West</u></p> <p>City <u>Rochester</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>14626</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>NYS Teamsters Council Hlth & Hosp Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 4928</u></p> <p>Street _____</p> <p>City <u>Syracuse</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>13221</u></p>	<p>11.a. Nature of such dealing. Golf outing provided by service provider as trustee of NYS Teamsters Council Health & Hospital Fund.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>180</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p> <p>_____</p>

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8. Name and address of Business (including trade name, if any).

Name NYS Teamsters Conf Pension and Ret Fd

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any PO Box 4928

Street _____

City Syracuse

State NY ZIP Code + 4 13221

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NYS Teamsters Conf Pension and Ret Fd

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any PO Box 4928

Street _____

City Syracuse

State NY ZIP Code + 4 13221

11.a. Nature of such dealing.

Payments to IFEBP for membership dues and conference, travel, and meetings as trustee of pension fund.

11.b. Approximate dollar value of such dealing. 656

12.a. Nature of interest held or income received.

12.b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>NYS Teamsters Council Hlth & Hosp Fd</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 4928</u></p> <p>Street _____</p> <p>City <u>Syracuse</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>13221</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>NYS Teamsters Council Hlth & Hosp Fd</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 4928</u></p> <p>Street _____</p> <p>City <u>Syracuse</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>13221</u></p>	<p>11.a. Nature of such dealing. Payments to IFEBP for membership dues and conference, travel, and meetings as trustee of the NYS Health and Welfare Fund.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>656</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
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<p>13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. _____</p>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Pacific Investment Management Co, LLC</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>840 Newport Center Drive, Suite 300</u></p> <p>City <u>Newport Beach</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>92660</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>NYS Teamsters Council Hlth & Hosp Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 4928</u></p> <p>Street _____</p> <p>City <u>Syracuse</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>13221</u></p>	<p>11.a. Nature of such dealing. <u>Expenses incurred for dinner as trustee of the NYS Health and Hospital Fund.</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>75</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
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<p>13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. _____</p>
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Name of Person Filing John Bulgaro	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Ivy Asset Management Corp.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>One Jericho Plaza</u></p> <p>City <u>Jericho</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>11753</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>NYS Teamsters Council Hlth & Hosp Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 4928</u></p> <p>Street _____</p> <p>City <u>Syracuse</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>13221</u></p>	<p>11.a. Nature of such dealing. <u>Expenses incurred for dinner as trustee of NYS Health and Hospital Fund.</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>75</u></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. _____</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Northern Capital</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>8010 Excelsior Drive</u></p> <p>City <u>Madison</u></p> <p>State <u>WI</u> ZIP Code + 4 <u>53717</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>NYS Teamsters Council Hlth & Hosp Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 4928</u></p> <p>Street _____</p> <p>City <u>Syracuse</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>13221</u></p>	<p>11.a. Nature of such dealing. Expenses incurred for dinner as trustee of NYS Health & Hospital Fund.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>125</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing John Bulgaro	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Batterymarch Financial Management, Inc</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>200 Clarendon Street</u></p> <p>City <u>Boston</u></p> <p>State <u>MA</u> ZIP Code + 4 <u>02116</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>NYS Teamsters Council Hlth & Hosp Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 4928</u></p> <p>Street _____</p> <p>City <u>Syracuse</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>13221</u></p>	<p>11.a. Nature of such dealing. Expenses incurred for dinner as trustee of NYS Health and Hospital Fund.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>120</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <hr/>
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<p>13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p> <hr/>
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Name of Person Filing John Bulgaro	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **D'Archangelo & Company**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street **120 Lomond Court**

City **Utica**

State **NY** ZIP Code + 4 **13502**

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **NYS Teamsters Council Hlth & Hosp Fund**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any **PO Box 4928**

Street _____

City **Syracuse**

State **NY** ZIP Code + 4 **13221**

11.a. Nature of such dealing.

Expenses incurred for dinner as trustee of NYS Health and Hospital Fund.

11.b. Approximate dollar value of such dealing. **80**

12.a. Nature of interest held or income received.

12.b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment. _____